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ABSTRACT

The effects of moving the San Fernando Valley State College Student Health Services to a professional medical building two miles off-campus are assessed. Anticipating a series reduction in student utilization, an intensive publicity program was undertaken to make students aware of the service and its new location. Unexpected positive results of the move included: (1) ample parking; (2) ease of access; and (3) the status symbol of being in a first rate professional medical building. After an initial and severe drop in usual daily utilization, total visits to the service returned to normal. With the new location has come a notable absence of unnecessary visits, suggesting that the imposed geographical barrier is acting as a screening mechanism. (TL)

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THE EFFECTS ON STUDENT UTILIZATION OF MOVING AN ON-CAMPUS HEALTH CENTER OFF CAMPUS

Addie L. Klotz, M.D., MPH

ABSTRACT

Lack of adequate building facilities for the San Fernando Valley State College Student Health Services and little prospect for improvement of the situation brought about student concern and action. Within a matter of months, fees were approved and precedent was established by leasing space for the Student Health Services in a medical building two miles off campus.

Fearful of a serious drop in student utilization, effort was made to bring the Student Health Services to the awareness of the students. Programs were instituted to reach out to the students more than ever before. Features of the off-campus location brought about unexpected positive reactions: ample parking, ease of access, status symbol of being in a first rate professional medical building. A donated minibus provided free transportation to and from the campus.

Utilization of the Student Health Services dropped off during the actual move the fourth week of the semester, 1969. After reaching a low of 50 per cent of the usual daily average, within four to five weeks the total visits were back to normal and continue to rise to new heights. Notably absent are unnecessary visits, suggesting that the imposed geographical barrier screens out those students with less sincere motives for use of the services.

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THE EFFECTS ON STUDENT UTILIZATION

OF

MOVING AN ON-CAMPUS HEALTH CENTER OFF CAMPUS

Addie L. Klotz, M.D., MPH

The California State Colleges are ultimately responsible to the State Legislature. In 1962 the Chairman of the Senate Finance Committee happened to be a physician. Because he was not satisfied with answers given his queries regarding student health services in the State College System, he exercised his senatorial muscles by ordering a cut back in staffing and by influencing the State to discontinue financing building facilities for student health centers on any of the sixteen campuses.

San Fernando Valley State College at that time had 5,000 students and the Student Health Service was housed in half a temporary bungalow built in 1956 to accommodate faculty offices. The College's growth was phenomenal: in the next five years the student body rose to 15,000 and the Student Health Service had overflowed into two and a half bungalows. The facilities were described in 1966 by the American College Health Association accreditation team as "a daily obstacle course."

By 1968 the quality practice of medicine and providing health services were compromised by the inadequate facilities to the point that my conscience could not allow me to continue as director. For a campus population of 18,000 students we had a daily patient load of 150 and a

waiting room that seated seven. Our staff was playing "musical offices" and the head nurse's office doubled as receiving room, storage, library, repair room, psychiatrist's office and audiometry testing room.

My resignation was given in 1968 for a July 1, 1969 deadline. In the beginning of the school year several students took up the cause and by February, 1969, 10,000 students had signed a petition to get a new building fee approved. The students got the Trustees of the California State Colleges to approve the re-institution of a building program for Student Health Services by assessing students a three dollar fee per semester. This would provide funds for a building that would take at least five years to plan and construct, but our need was immediate.

In June, 1969, because of the publicity generated over our plight, the owner of a private medical building two miles from campus suggested that together we could solve our mutual problems: we needed space, he needed a tenant. The idea seemed impossible at first, not only logistically, but there was no precedent for this in the System.

By July, 1969 clearance had been given for us to utilize the student building fee money to lease off campus space and we could go ahead with our negotiations. The contract went out for bids, five sites were in competition and we selected a new medical building which was two miles off campus and had the following features: ten thousand square feet of space all on one floor; class "A" construction; immediate proximity to a community hospital with a twenty-four hour emergency room; custodial services and utilities paid for; and built-ins to our own specifications. Because of our concern about moving off-campus the builder donated a Volkswagen mini-bus to us. By hiring student drivers

we could provide free transportation to and from campus. We began on an hourly schedule from four locations on campus but have evolved to half-hourly trips from only one campus location.

Four months later, in October, 1969, our new home was ready and we moved in over the week-end, not losing a single day of service. A two thousand square foot emergency-screening and walk-in clinic known as our satellite aid station was maintained in our old facilities on campus. This serves also as our minibus pick-up station, not only for student-patients but for charts, supplies, mail and equipment.

Our concern that students would feel we had abandoned them by moving away led us to think of several ways we could remind them that we still existed and belonged to them. Major exposure in the campus newspaper, a hand-out sheet written for students by our journalism intern, our own newspaper dubbed the "TRANSPLANT", wallet cards with pertinent information and personalized tongue blades showing address, telephone number, ample parking and free transportation were some of these gimmicks. Our Student Health Advisory Committee posted notices all over the campus reminding students that "Valley State has a Free Clinic, too." In short, we made an all-out effort to let students know about us - much more vigorous an effort than any we had made while on campus!

At first we also had an aid station in one of the residence halls wherein a physician would hold hours daily for "sick call." That has since evolved into our having a public health nurse who serves as our "operation outreach." She makes calls at the residence halls daily, assists occasionally at the aid station. She educates, advises, counsels, refers to the Student Health Service or other resource on or off campus,

makes nursing diagnoses and treats, all according to her professional judgement. She also makes follow-up calls to those students in residence who for some reason are unable to visit the Student Health Center.

We let students be well aware that there is ample parking at the new off-campus building immediately outside the door. Ninety per cent of the students provide their own transportation; ten per cent utilize the bus. This accurately reflects our commuter-residence ratio. In eighteen months our bus has traveled twelve thousand miles and delivered six thousand bodies at our respective door steps. It has been dubbed our "Sickie Pick-up."

Figure 1 indicates the effect immediately during and after our move off campus on daily visits to the health center. It should be pointed out that during the first two weeks after our move, the bus was out of commission. Figure 2 shows average daily visits; the solid line indicates visits at the main health center (on campus until October 20, then off-campus) and the dotted line shows total visits at both the main center and the on campus satellite aid station.

Figure 3 summarizes total visits, indicating those on campus and those off campus, comparing 1969-1970 school year with 1970-1971. Figure 4 relates total visits at all stations with college enrollment. It is important to note that as of 1969 no visits to the Student Health Center are required. There are no routine requirements for admission or for physical education classes. This accounts for the drop in visits between 1968 and 1969.

The geographical barrier brought about by our move off campus has seemed to serve in a small way as a screening device in that truly trivial complaints are no longer seen at the main Center.

T o summarize our utilization by students, we make the following conclusive remarks. After an initial drop in daily visits, utilization by students rose to the same level within three months and continued to reflect the increase in enrollment and awareness of services. Through utilization of on campus emergency, screening and public health nurse services as well as through erecting a geographical barrier, fewer visits occured at the main Center for minor complaints.

A major campaign to publicize the Student Health Center was waged to help offset expected drop-off in utilization and served to make students even more aware of us than they had been when we were on campus. Convenient parking at the off-campus location offset the half-mile walk on campus from the parking lots, making us in some ways more accessible than before.

Unexpected ramifications were stated by individual students as follows:

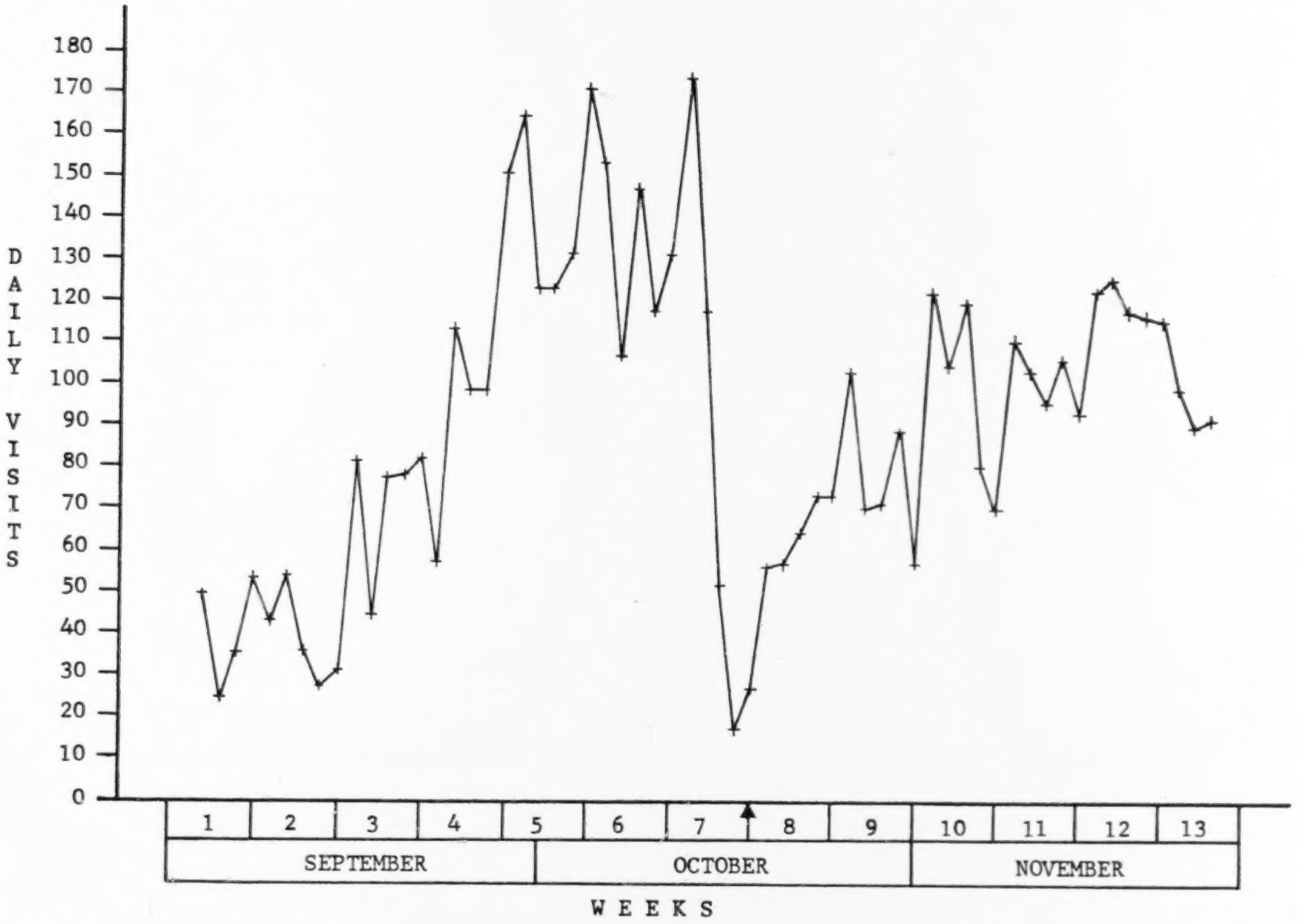
> "This is like going to the REAL doctor, instead of "do-it-yourself surgery" in the shack."
>
> "I don't have to wait so long to see the doctor."
>
> "When you're closed the hospital emergency room is convenient."
>
> "I can drive right up to the door instead of walking a mile across campus from the parking lot."

The physician staff, too, noted unexpected benefits from the move, including a closer relationship with local physicians, especially those in the same building. One dentist in the building offered his office as our dental annex and arrangements have been made for dental services for students which would have been impossible on campus.

When we ultimately move back on campus in a permanent building we will take with us some ideas gained from our off campus experience: a location peripherally on campus, accessible by city streets; de-centralized services and outreach programs as well as solid relations with private resources.

SAN FERNANDO VALLEY STATE COLLEGE

STUDENT HEALTH CENTER



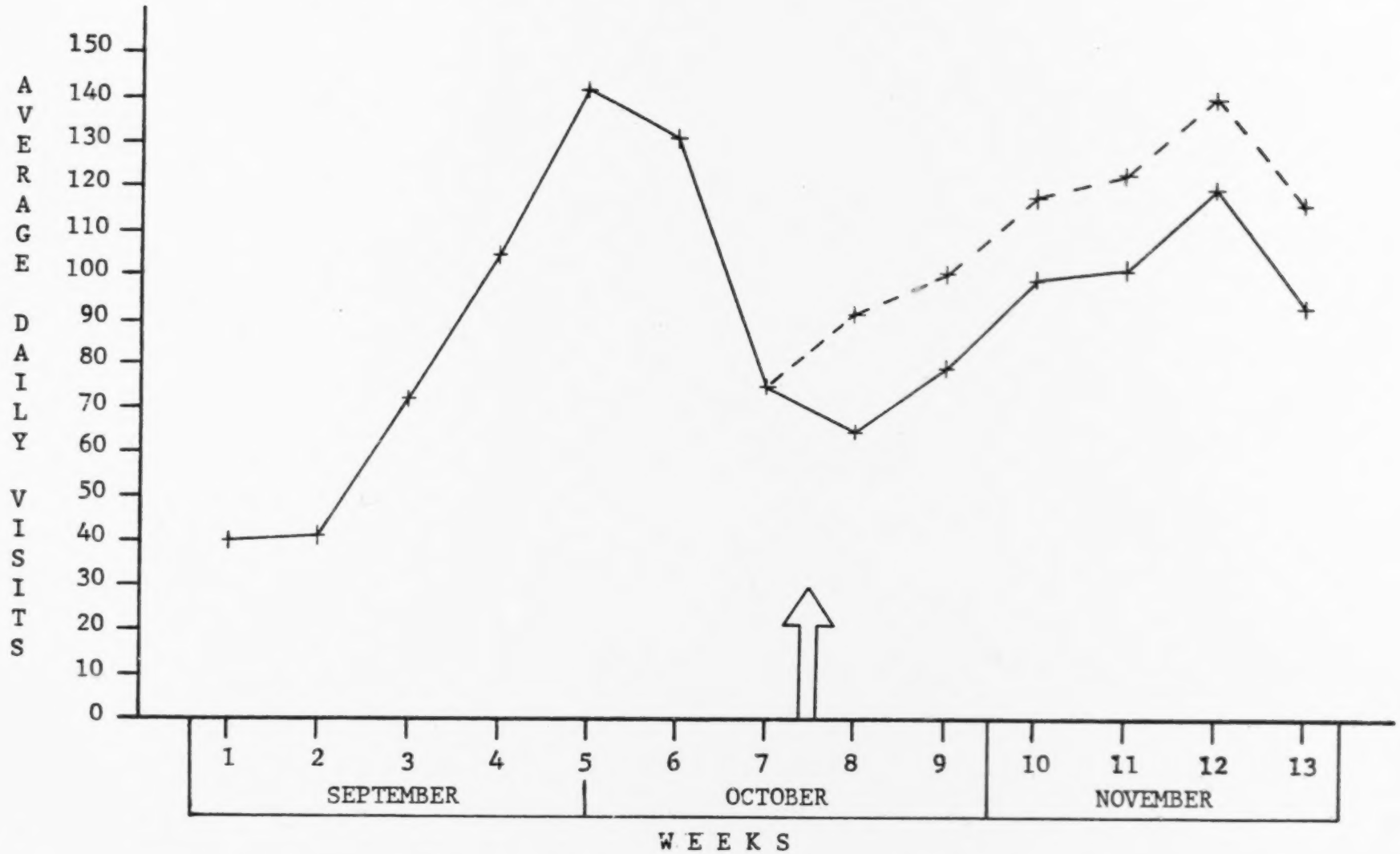
1969

DAILY VISITS TO THE STUDENT HEALTH CENTER BEFORE & AFTER MOVE

FIGURE 1

SAN FERNANDO VALLEY STATE COLLEGE

STUDENT HEALTH CENTER

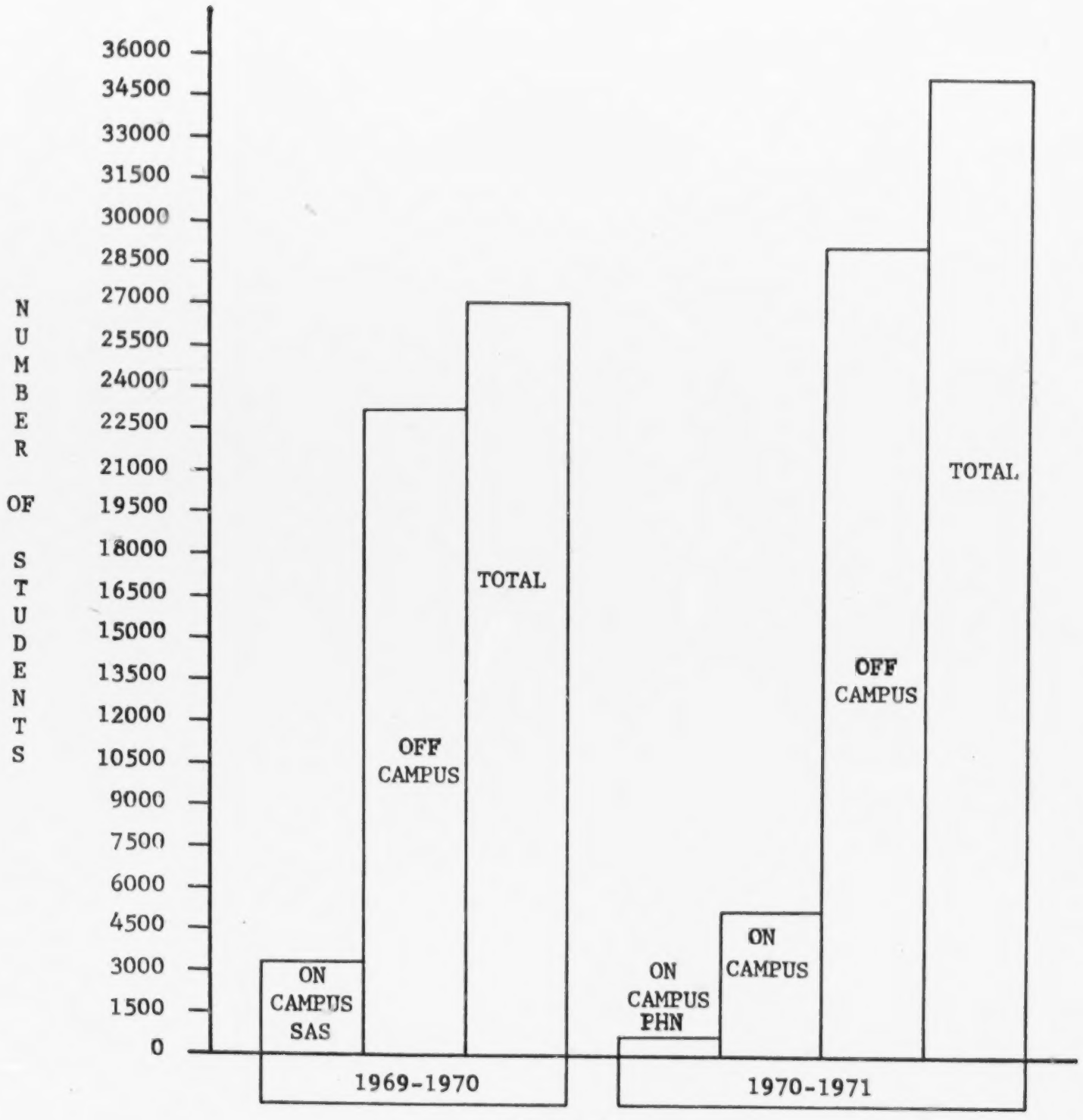


AVERAGE DAILY VISITS TO THE STUDENT HEALTH CENTER BEFORE & AFTER MOVE

FIGURE 2

SAN FERNANDO VALLEY STATE COLLEGE

STUDENT HEALTH CENTER



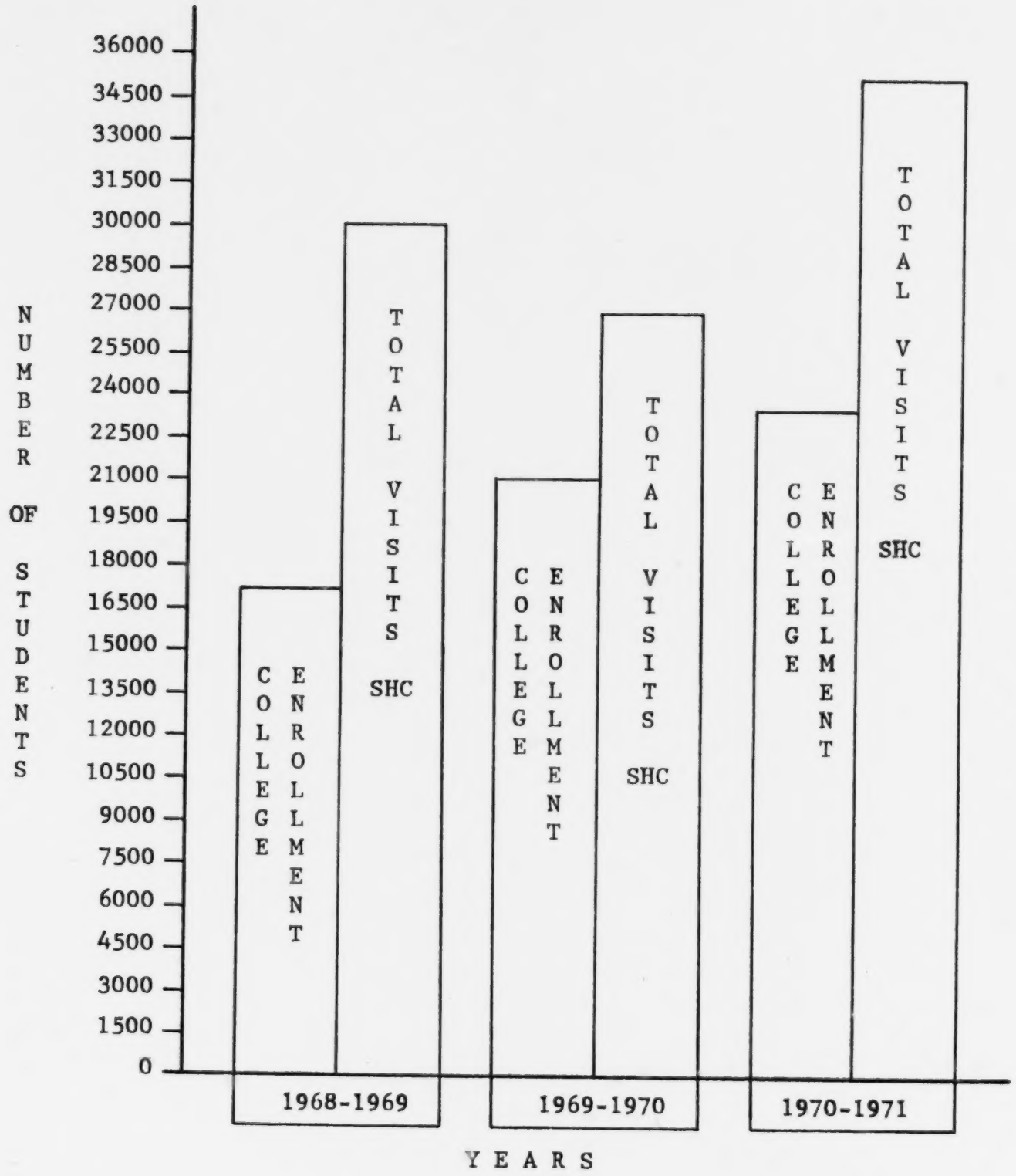
TOTAL VISITS FOR YEAR

ON & OFF CAMPUS

FIGURE 3

SAN FERNANDO VALLEY STATE COLLEGE

STUDENT HEALTH CENTER



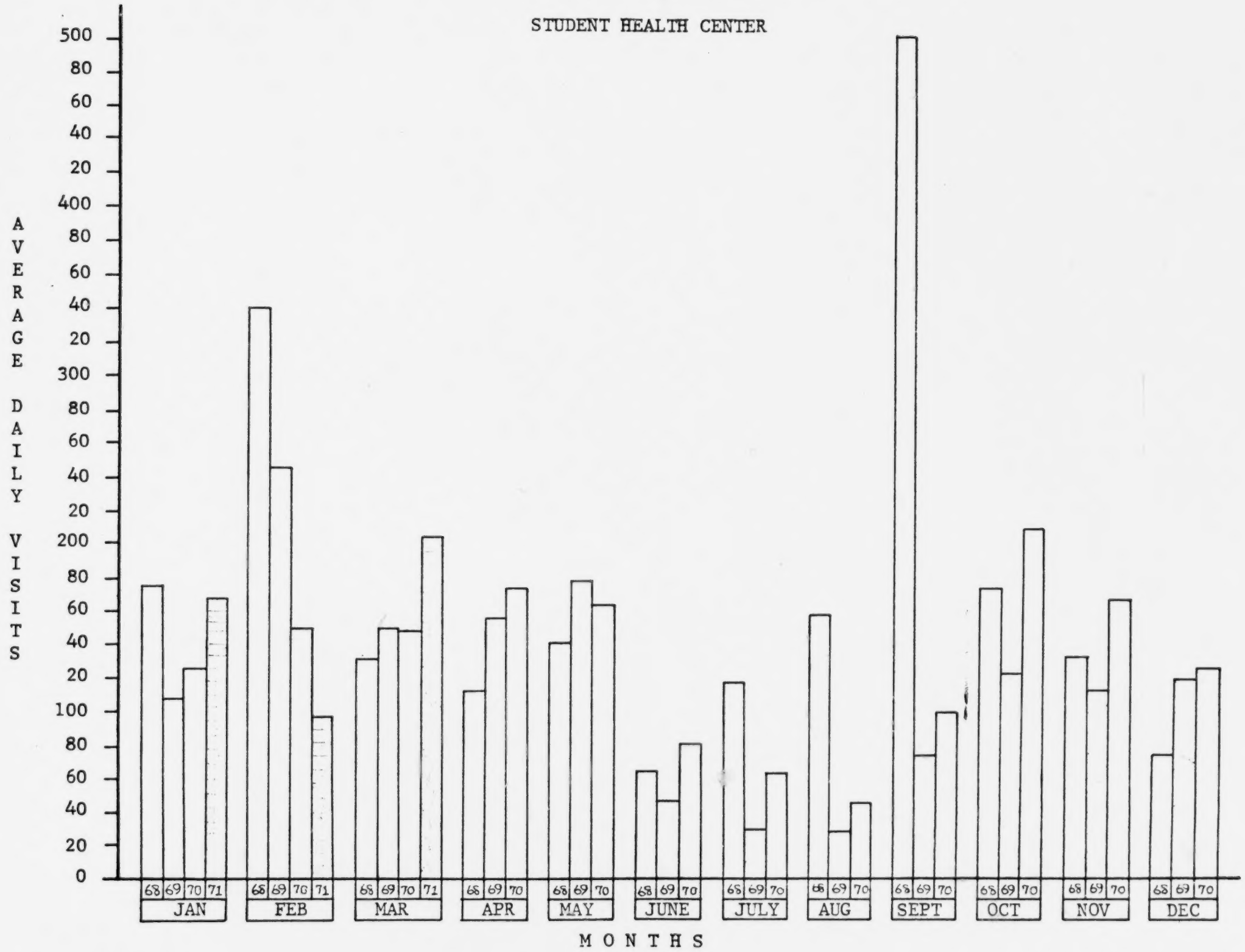
TOTAL VISITS FOR YEAR

ALL STATIONS

FIGURE 4

SAN FERNANDO VALLEY STATE COLLEGE

STUDENT HEALTH CENTER



AVERAGE DAILY VISITS BY MONTH 1968 -1971

FIGURE 5